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AUTHOR Rader, Gordon E.; And Others
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ABSTRACT

This study explored several psychological factors previously cited for inadequate contraceptive practice. The following hypotheses were examined: Women who have an undesired pregnancy (1) are inclined toward taking risks as a general personality style; (2) are inclined to rely on denial and related defenses as a general response pattern; (3) are more inclined toward masochism or intropunitiveness; (4) have more guilt concerning sexual behavior than those using medically prescribed contraceptive methods. Two specific personality variables, a proclivity toward the use of denial and tendencies toward masochism or self-directed aggression, received support as factors contributing to failure to take appropriate precautions against an unwanted pregnancy. Neither guilt about sexual activity nor risk-taking received support in the present study. It is hoped that with further knowledge, high-risk populations may be identified and preventive programs specifically designed for them. (Author)

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Psychological Correlates of Unwanted Pregnancy

by

Gordon E. Rader[1], L. DeMoyne Bekker,

Laura Brown, and Cheryl Richardt

Southern Illinois University at Carbondale

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[1]Department of Psychology, Southern Illinois University at Carbondale, Carbondale, Illinois 62901

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Despite the availability of effective means of contraception, the rate of unwanted conceptions remains high (Weller, 1976; Anderson, Morris and Gesche, 1977; Tietze, 1977). This is not just a problem among the disadvantaged and poorly educated. Estimates from several college campuses indicate at least 5 percent of unmarried female students become pregnant annually (Guttmacher and Vadies, 1972). The major portion of such failures are due to negligence and a tendency to take chances rather than gross ignorance or a breakdown in the method itself (Westoff and Westoff, 1971).

Clinical observations and survey information have suggested various psychological reasons for not using effective contraceptive methods. Guilt, avoidance of responsibility for the decision to engage in sexual behavior, an impulsive, risk-taking orientation, a desire to hold on to a relationship with a partner, a proclivity toward denial and repression, passivity, masochism, sex-role conflicts, and attitudes about "interfering with nature" are among the psychological factors cited as related to avoidance or carelessness in the use of contraceptive methods (Devereux, 1965; Lehfeldt and Guze, 1966; Pohlman, 1969; Fawcett, 1971; Sandburg and Jacobs, 1972; Sorenson, 1973; Miller, 1973; Lindemann, 1974). There is relatively little hard data concerning such psychological factors.

Hypotheses

The present study explored several psychological factors previously cited as reasons for inadequate contraceptive practice. The following hypotheses were examined:

Hypothesis 1: Women who have an undesired pregnancy are inclined toward taking risks as a general personality style. Women who use no contraception risk pregnancy. The question arises whether taking a chance is specific to sexual behavior or is an instance of a more general tendency to

take risks.

Hypothesis 2: Women who have an undesired pregnancy are inclined to rely on denial and related defenses as a general response pattern. "I didn't think it would happen to me" is a frequent response to an unintentional conception. Is such a statement a specific response to the distress of finding themselves pregnant or do women who ignore the risks of unprotected intercourse have a tendency to use denial in a wide variety of situations?

Hypothesis 3: Women who have an undesired pregnancy are more inclined toward masochism or intropunitiveness. Several authors (e.g., Devereux, 1965; Miller, 1971) suggest that masochistic or self-punitive tendencies may foster inadequate contraceptive practices but support for this assumption comes mainly from uncontrolled clinical observations.

Hypothesis 4: Women who have an undesired pregnancy have more guilt concerning sexual behavior than those using medically prescribed contraceptive methods.

Before seeking a medically prescribed form of contraception, a woman must accept herself as a sexually active person and take responsibility for her sexual intentions. Sex guilt might lead to an unwillingness to seek effective means of contraception.

Method

Three personality tests and a sexual experience inventory were administered to a group of women who had voluntarily obtained an abortion and to two comparison groups. The first comparison group consisted of women who were using medically prescribed contraceptives. The second comparison group consisted of women unselected with regard to their sexual history or

contraceptive practice. The latter group was included because obtaining a contraceptive prescription presumably requires some initiative, foresight, acceptance of sexuality, and perhaps other factors which may make the contraceptive group equally as distinct from the average female college student as the abortion group.

Subjects. Subjects were single, white female college students aged 18-36 (actually, only two women were over 28). The women in the abortion group (N=33) were obtained primarily through an abortion referral service. Subjects whose pregnancy resulted from contraceptive failure rather than nonuse were discarded. The contraceptive group (N=25) consisted of women who sought medically prescribed contraceptives through the University Health Service. The unselected group (N=26) were students from introductory psychology classes volunteering for extra course credit. The three groups did not differ significantly in either age or socio-economic backgrounds.

Personality Measures. Kogan and Wallach's (1964) Choice-Dilemmas Questionnaire was used to assess predilection toward risk-taking. This instrument presents 12 hypothetical situations involving a choice between a risky and a safe course of action, the risky choice leading to a more desirable outcome but less probable of attainment than the safe course. The subject chooses a course of action given various probabilities of success of the risky choice. The prediction under Hypothesis 1 is for abortion subjects to endorse more risky choices. The Defense Mechanisms Inventory (Gleser and Ihilevich, 1969) is a multiple-choice test designed to measure the relative propensity to use five major groups of defenses: Turning-Against-Object (TAO), Projection (PRO), Principalization (PRN), Turning-Against-Self, (TAS), and Reversal (REV). Masochistic tendencies

are included under TAS and denial is subsumed under REV. Hypothesis 2 and 3 lead to predictions of higher scores on REV and TAS for the abortion group than for either of the comparison groups. The Sex-Guilt subscale of Mosher's (1966) Forced Choice Guilt Scale was used to measure guilt concerning sexual behavior. Subscales measuring Hostility-Guilt and Morality-Conscience-Guilt are also provided by Mosher's scale. Hypothesis 4 leads to the prediction that the abortion group will have a higher score on the Sex-Guilt sub-scale than the contraceptive group.

Sexual Experience/Comfort Inventory. Zuckerman's (1973) Scales for Sex Experience were modified for the present study so that subjects would indicate both the number of types of heterosexual activity in which they had engaged and the comfort they felt (or would feel) engaging in each of 12 types of activity.

Results

The three personality tests and the Sexual Experience/Comfort Inventory yield a total of 11 scores. The means and standard deviations for each group and the F-ratios and level of significance for the intergroup differences for each of these scores are presented in Table 1. The significance of differences between individual means were assessed by the Tukey procedure for multiple comparisons. Inspection of the Table with regard to Hypothesis 1 indicates that the Null Hypothesis cannot be discarded. There is no evidence that women who have had an abortion are greater risk-takers than those who are using medically prescribed contraceptives or than an unselected group of women. Hypothesis 2 and 3 receive support. There is a greater

Insert Table 1 about here

tendency for women who have had an abortion to use the class of defenses

which include denial and the class which consists of masochistic and self-punitive tendencies. Comparisons between the individual means indicate that the abortion group is significantly different from both control groups for Reversal and from the contraception group for Turning-Against-Self at the .05 level or better. The difference between the abortion group and the unselected group approaches significance for TAS. Although the F-ratio for Sex-Guilt is significant, the group differences lie in the unselected control group having a higher Sex-Guilt score than either the abortion group or the contraceptive group. Only the difference between the abortion group and the unselected group is significant. Thus hypothesis 4 receives no support.

Although no hypotheses were developed with respect to the other measures, the data are available and presented. No significant differences were found for Mosher's Hostility-Guilt and Morality-Conscience-Guilt subscales nor for Comfort with Sexual Experience. The unselected comparison group had a significantly lower mean Range of Sexual Experience. Since the other two groups were selected on a basis indicating an active sexual life, this finding is not surprising.

An unpredicted finding is the highly significant F-Ratio for Principalization (PRN). This class of defenses reduces conflict by splitting off affect from content and repressing the former. Defenses such as intellectualization, isolation and rationalization fall into this category. The unselected group showed most utilization of this defensive mode while the abortion group showed the least. Only the difference between the abortion group and the unselected group was significant.

Discussion

Two specific personality variables, a proclivity toward the use of denial and tendencies toward masochism or self-directed aggression, received support as factors contributing to failure to take appropriate precautions against an unwanted pregnancy. The context for measuring these variables was quite unrelated to sexual activity and contraception suggesting that these are general personality or defensive styles rather than a specific response to sexual conflict or an after-the-fact reaction to the discovery of being pregnant. However, only a prospective study could determine this definitively. Replication using other measures of tendencies toward masochism and the utilization of denial also would be desirable.

Neither guilt about sexual activity nor risk-taking received support in the present study. Further investigation through different approaches seems desirable before ruling out either of these as possible factors. Lindemann (1974) cites her own extensive clinical interview data as indicating that guilt does not deter sexual activity but does deter getting a birth control method. With regard to risk-taking, several studies summarized by Slovic (1971) indicate that risk-taking is highly situation-specific. Perhaps future research might seek more situationally specific parameters for risk-taking. For example, might those who get pregnant be more inclined to take risks in situations presenting a moral conflict or to avoid an immediate social conflict?

Finding that the abortion group was less inclined toward the use of principalization suggests the possibility that intellectual control may be an important factor influencing effective contraceptive practice. Miller's (1973) emphasis on ego control in successful management of birth

planning is in line with this suggestion.

The positive findings of the present study should encourage further investigation of personality factors contributing to the still high rate of unwanted pregnancies. With further knowledge, it may be possible to identify high-risk populations and to develop preventive programs more specifically designed to counter these psychological risk factors.

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Table 1

Means, Standard Deviations and F-ratios for

Personality Measures

Measure	Abortion Group n = 33 $\bar{x}$	Abortion Group n = 33 S.D.	Contraceptive Group n = 25 $\bar{x}$	Contraceptive Group n = 25 S.D.	Unselected Group n = 26 $\bar{x}$	Unselected Group n = 26 S.D.	F[a]
Choice Dilemmas	30.42	6.68	31.84	4.96	29.04	8.16	1.101
TAO	35.57	8.43	38.52	6.75	37.27	6.19	1.184
PRO	35.18	5.47	38.80	6.86	36.35	6.68	2.390*
PRN	39.33	7.90	43.24	9.62	47.23	8.25	6.233***
TAS	43.09	6.49	38.28	6.73	39.12	8.67	3.698**
REV	47.24	5.96	40.48	8.07	40.31	5.42	11.100****
Sex Guilt[b]	9.91	7.58	12.84	14.55	20.96	20.38	4.312**
Hostility Guilt[b]	59.58	14.22	62.84	12.15	59.58	16.69	0.446
Morality-Conscience Guilt[b]	47.30	5.71	48.00	14.27	49.88	9.83	0.487
Sexual Range	11.36	1.06	11.08	1.44	9.65	3.38	5.059***
Sexual Comfort	65.30	10.83	67.84	14.87	63.46	15.33	0.668

[a] df = 2 and 81

[b] 60 added to each score to make all scores positive

*p = <10 **p = <05 ***p = <01 ****p = < 001